	OF CALIF	^{=ORNIA} EXPENSE CL	AIM	Traveler ID (Jnit Code		s and *Priv	STAFF					<i>Trip?</i> age	O YES	
STD. 262 (REV. 10/92)					SSN OR E	STAFF ISSN OR EMPLOYEE NUMBER*					RTMENT	of	Pages		
				al Year 2 08-2009	DIVISION OR BUREAU					OP	R	PCA#			
POSITION Executive Director				CB/ID NO.: EXEMPT		CaliforniaVolunteers							11100		
RESIDENCE ADDRESS*							HEADOLLARTERS ADDRESS 1110 K Street Suite 210							916-323-7646	
Sacramento			STATE CA	ZIP CODE 95864		Sacramento					STATE CA		2IP CODE 95814		
I) MONTH/YEAR (3)			(4)	(5) MEALS		(6)		(7) TRANSPORTAT			TION		(8)	(9)	
May 2009 LOCATIO WHERE EXPERIMENT INCUR		N NSES RED		BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING S6.44	PRIVAT MILES	(D) TE CAR USE AMOUNT	BUSINESS EXPENSE	262.3	
DATE TIME		KKED	LODGING												
5/6	1200	Sac/San Fran	cisco	\$161.81					.,,		\$58.44	86	\$47.08		\$267.3
5/7	2300	SF/Oakland/S	ac								\$20.00	101	\$55.50		\$75.5
													\$0.00		\$0.0
													\$0.00		\$0.0
													\$0.00		\$0.0
	-												\$0.00		\$0.0
								7. [G E	TV	7		\$0.00		\$0.0
											5		\$0.00		\$0.0
	-							j	VN - 1	200	j9 <u>[</u>		\$0.00		\$0.0
	-		# *					DFFICE OF ADMIN	PLANNING STRATIVE	& RE	SEARCH		\$0.00		\$0.0
									- Control of	N.KVI.	TES	J	\$0.00		\$0.0
	-												\$0.00		\$0.0
	-												\$0.00		\$
0)				\$161.81							\$78.44	?	102.58		340.8 -\$342.8
SUBTOTALS COLUMNICODE (ACCTG. USE															
											CLAIM	TOTA	L 3	\$	342.83
11) PUR	POSE OF	TRIP, REMARKS AND D	ETAILS (At	tach receipts/voucher	s when requ	ired)						/12)	NORMAL W	UBK HUI IBA	
Atter	nded T	he Volunteer Ce	enter o	f San Francis	sco Awa	ırd Dinne	er.	Cammit	taa Maat	ina		(13)	PRIVATE VE	HICLE LICEN	NSE NUMBE
Atter	nded 2	009 National Co	onteren	ice on Volunt	eering a	and Serv	ice nosi		ilee Meel	nig.		(14) MILEAGE F	RATE CLAIME	:D
												AG	NCY AC	OUNTAL	of Fict
												PAID		NG FUND CH	ECK NUMB
												4		\$(0.55
HEREE	Y CERTIF	FY That the above is a true hicle was used, and if mile have met the requirement	statement age rates e	of the travel expense xceed the minimum ra	s incurred by ate, I certify t	me in accord hat the cost of 0752 0753	ance with DPA f operating the and 0754 perta	rules in the s vehicle was dining to vehic	service of the S equal to or grea cle safety and s	tate of iter tha eat bel	California. In the rate tusage.	f			
	,	SIGNATURE //	o ao piesch	DOG BY GAIN GEORIUMS	DATE/	100			F OFFICER AF			EL AND	PAYMENT	DATE	1.10
ľK	\sim	- BM			(/24	0 0	XI	MA	19. US	181	<u>11)</u>			10. C	601